

FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

### COMMITTEE NAME (Must be same as on Statement of Organization)

Re-Elect Ditsworth Recorder

IMPORTANT: Indicate by # type of committee you are reporting for: ☐  
( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

### CANDIDATE COMMITTEES ONLY:

Candidate Name \_\_\_\_\_ Political Party (if applicable) \_\_\_\_\_  
Ann Ditsworth \_\_\_\_\_  
Office Sought \_\_\_\_\_ District (if Senate or House) \_\_\_\_\_

FORM  
DR-2

(Rev. 12/2009)

DISCLOSURE  
REPORT

### For Office Use Only

Comm. # 19384  
Logged In \_\_\_\_\_  
Scanned \_\_\_\_\_  
Computer \_\_\_\_\_  
Audited \_\_\_\_\_

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A 1/19/2015 REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR.  
(report date) Indicate by # ☒

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held  
Dickinson

## STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 730.15

### ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) 300.00

Schedule F: Loans Received total (Attach Schedule F) 600.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 1,630.15

### SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below) 1,005.02

Schedule F: Loan Repayments total (Attach Schedule F) 625.13

CASH ON HAND at the end of this reporting period (if final report balance must be zero) 0.00

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) 0.00

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) 574.87

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

### CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)

Reset Form

19384  
SCHEDULE

A

(Rev. 12/13)

MONETARY  
RECEIPTS

COMMITTEE NAME (Must be same as on Statement of Organization)  
Re-Elect Ditsworth Recorder

☐ CHECK THIS BOX IF  
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

FOR DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FUND- RAISER INCOME
10/18/14	ID# CK#	Ardyce Scheppmann Box 364, Spirit Lake IA 51360		\$100	<input type="checkbox"/>
10/18/14	ID# CK#	Boyd Northey 2260 160th Ave, Milford IA 51351	Father	200	<input type="checkbox"/>
1	ID# CK#	351			<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

TOTAL (if last page of this schedule)

\$  
\$ 300

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no applicable\* in the relationship column.

Page \_\_\_\_\_ of \_\_\_\_\_ familial relations  
(for Schedule A)



FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Re-Elect Ditsworth Recorder

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/10/14	ID# CK# 1002	Tri State Litho Ltd 2005 Aurora Ave W Spirit Lake IA 51360	signs	\$ 522.16
11/10/14	ID# CK# 1003	Lakes News Shopper Box 192 Milford IA 51351	newspaper ads	244.96
11/10/14	ID# CK# 1004	DickCo Cable News Inc PO Box 213 Milford IA 51351	tv ads	149.00
11/29/14	ID# CK# 1005	Lakes News Shopper Box 192 Milford IA 51351	newspaper ads	88.90
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1005.02
TOTAL (if last page of this schedule)				\$ 1005.02

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

**RESET**

COMMITTEE NAME (Must be same as on Statement of Organization)

Re-Elect Ditsworth Recorder

SCHEDULE

**F**

(Rev. 02/08)

LOANS  
RECEIVED  
& REPAY☐ CHECK THIS BOX IF  
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 600 15 JAN 19 AM 7:33PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT OF LOAN
11-10-14	ANN DITSWORTH 2220 195 Ave MILFORD, IA 51351	Self	\$ 600 <sup>00</sup>

TOTAL (PART I)

\$ \_\_\_\_\_

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
12/8/14	Ann Ditsworth 2220 195th Ave Milford IA 51351	self	\$ 625.13

TOTAL CASH REPAYMENTS (PART II)

\$ 625.13

From Schedule E -- TOTAL LOANS FORGIVEN

\$ 574.87

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ \_\_\_\_\_

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